

ALABAMA DEPARTMENT OF REVENUE SALES, USE & BUSINESS TAX DIVISION TOBACCO TAX SECTION

P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627 www.revenue.alabama.gov

Tobacco Product Manufacturer Certificate of Compliance For Sales Year 2008

PART	1 - TOBACCO PRO	DDUCT MANUFACTURE	R (TPM) IDENTI	FICATION	
Compa	ny:				
Addres	s:				
City:		State:	Zip/Post	al Code:	Country:
Telephone Number: ())	FAX Nu	ımber: ()
E-mail	Address:				
Name a	and Title of Person Cor	mpleting Report:			
The To	bacco Product Manuf	facturer identified above is,	as of the date of	this Certificati	ion: (Initial One)
	_ A Participating Man	ufacturer under the Tobacco N	Master Settlement	Agreement.	
	_ A Tobacco Product	Manufacturer in full compliand	ce with Alabama C	ode Sections 6	-12-3 and 6-12A-5(e).
		Y IDENTIFICATION			
	_		Non-Participating	Manufacturer	s (NPM) – complete Columns A through E.
Attach	additional sheets if neo	cessary.			
Α.		В.		D.	E.
Α.	BRAND FAMILY ¹	BRAND NAME	C. UNITS SOLD	HAS THIS	OTHER MANUFACTURER THAT
			CERTIFICATION	BRAND BEEN SOLD IN 2009?	MANUFACTURED THE BRAND FAMILY IN THE
			YEAR (2008)	(YES OR NO)	PRECEDING OR CURRENT CALENDAR YEAR (NAME AND ADDRESS)

¹Indicate with an asterisk (*) those brands that will not be sold in Alabama as of the date of certification.

	CIPATING MANUFACTURE roved Agent for Service of Pr				
			Zip Code:		
-)		
	r and fax number must be Ala	·	,		
E-mail Address:					
Registered with the Secret	ary of State as a foreign corpor	ration or business entity?	□ No		
If Yes, Date Registered:		Is the registration current as of the d	ate of certification?		
B. Qualified Escrow Fund	d – Financial Institution				
Name of Institution:					
Address:					
City:		State:	Zip Code:		
Representative Name:		Telephone Nui	Telephone Number: ()		
Escrow Account Number:		State Account Number:	State Account Number:		
C. Escrow Deposit/Withd	rawal History for Alabama – A	Attach NPM Certificate of Escrow I	Deposit		
DATE	DEPOSIT	WITHDRAWAL ²	BALANCE		
(Initial certification should	│ I include a complete history. Ar	nnual certifications thereafter should	d be for the applicable sales year.)		
DART 4 - EYECUTION	I BY AUTHORIZED AGENT	•			
Under penalty of perjury, I to induce the State of Ala	state that the statements contai bama to place the above-name	ned in this certification are true, corred ad manufacturer and its brand family	ect and complete. This certificate is made of on the Directory of Compliant Tobacco is in full compliance with Title 6, Chapter		
Name of Authorized Agent	(Print):		_Title:		
Signature of Authorized Ag	gent:		_ Date:		
Subscribed and sworn to b	efore me on this date:				
Signature of Notary Public	:				
Notary for the State of:		City or County of:			
My Commission expires: _					
Mail the completed TPM	Certificate of Compliance to:	Alabama Department of Revenue Attn: Commissioner of Revenue P. O. Box 327555 Montgomery, AL 36132			

² Withdrawals must comply with Alabama Code §6-12-3. Verification of compliance must be provided.